

Lapud March 20th 1827
W. & H.

A Thesis

on

Phlegmasia Dolens

By

Albert G. Smith

of Virginia

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Polymnia

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Phlegmasia Dolens.

This disease has long been known to the medical world. It was however very little understood, until Mr White published his treatise on this disease in 1784. Since that time many other able papers on it have been published and its history, causes, nature and treatment better explained and understood.

Dioscorides and the early French and German writers held very erroneous opinions concerning its cause. They ascribed the swelling to a redundancy of milk, and a morbid deposition of it, in the cellular membrane of the lower

Thompson's Dictionary

The above has long been known to the musical world. It was known long before it was printed, and the little book which has been in this form in 1884. Since that time many other able fingers on it have been published and its history, events, nature and last thought better explained and understood.

Thompson and the early form of the former writer with very numerous opinions concerning it came. They considered the matter to a redundancy of with, and a marked step. It is the only one for the purpose of the time.

extremities. Consequently, they
conferred various appellations
on it, indicative of its cause,
such as depôt du lait,
adema lacteum &c. But a
stricter attention to, and farther
experience in this disease,
have shewn that it has very
little connection with lactescent
secretion. For it has occurred
where the breasts have been
destitute of milk and where
they have overflowed; in those
who nursed children and
in those who did not, and
sometimes, though rarely, in
Abortions, when no milk was
secreted. Indeed it has even
occurred in males, of which

fact there are several cases recorded, and substantiated by the highest medical authority. Another theory was advanced by Mauriceau, Menard and others, who attributed this disease to a suppression of the lochia and a metastasis of it to the lower extremities.

But this theory appears so unfounded, that it hardly requires a refutation and is indeed now, abandoned by all good writers on the subject. The latest and best writers on this disease, have renounced these theories as erroneous, and nearly all concur in deriving it from some affection

But this one cannot be
recorded, and substantiated by
the highest evidence available.
Another thing was a number of
thousands, thousands and thousands
into a little this degree
is a supposition of the future
and a matter of the
the future is uncertain.
But this thing appears to
be founded, that it is founded
upon a reputation and
is, indeed, now, a reputation by
all good men in the capital
the fact and, but in other
in the future, have been
the future is uncertain,
and many all concern in
during a few years of time.

of the lymphatics of the lower extremities, presented under different modifications. The last recited theory was strenuously opposed by Dr Hull of Manchester, who rejected it as altogether inadequate to explain the various phenomena of the disease. In its stead he offered the following; which he conceived to be most consistent with acknowledged phenomena.

He says, to use his own words, "the proximate cause of Phleg-
-maria Dolens consists in an inflammatory affection of the muscles, cellular membrane and inferior surface of the cutis, extending sometimes

to all the other parts of the limb; producing suddenly a considerable effusion of serum and coagulating lymph. from the exhalants into the cellular membrane of the limb".

Very different views of this disease, have been taken by a late writer in the medico-chirurgical transactions of London. He endeavours to shew by post mortem examination that the proximate cause of Phlegmaria Dolens is a violent inflammation of one or more of the principal veins of the pelvis. In consequence of this, their diameters are entirely obliterated, or so greatly diminished as to be totally

at all the other parts of the
land; producing not only a
considerable amount of revenue
and carrying on traffic from
the coast into the interior
inland of the land.
The different parts of the island
have been taken up a little
water in the interior - chosen
greatly the character of London.
The numerous to them by fact
meeting examination that the
present state of the island
is a most important
of one of the principal
of the island. The comparison
of the other islands are an
very different. It is so greatly
different as to be totally

unable to perform their functions. These views may appear exceedingly plausible; and are supported by the diseased condition of the veins as displayed by his accurate dissections; yet it is not a necessary consequence, that they are the primary seat of the disease. Indeed, there are many phenomena, exhibited in the various forms of the disease, which are inexplicable on such a theory.

He remarks that the pain in Phlegmania Dolens, generally commences in the groin or in the veins of the pelvis, occasioned by pressure during

able to perform the function
in some way appear to be
very different; and in this
view of the mind as displaying
the account of the different
it is not a necessary
consequence that they are the
necessary part of the disease.
Indeed, there are many who
believe, exhibited in the mind
of the disease, which
is impossible to reach
the point that the power
of the mind is the power
of the mind in the power
of the mind of the power,
the power of the power

the last months of utero-gestation. But in many instances recorded by writers and indeed in one of the four cases related by Dr Davis himself, the pain was first felt in the calf of the leg or some other part of the inferior extremity. It has indeed occurred independently of every circumstance connected with labour. He farther states that it is seldom known to attack the same extremity more than once: Because the large veins of the pelvis, by the inflammation, are totally obstructed, converted into a ligamentous structure

The last month of August
to June. But in many instances
marked by winter and snow
in one of the four cases
related by Dr. Ross himself.
The former and first field in
the east of the bay in some
other part of the interior
extremely. It has indeed
occurred independently of
any circumstances connected
with famine. The farther east
that it is known to
attack the more extremely
more than once. Because
the large extent of the famine
by the explanation are
totally excluded, however
into a significant relation

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and thus rendered unsusceptible of a similar disease in future. From this circumstance, which he has stated as a fact, he deduces the conclusion, that after an extremity has been once thoroughly affected by the disease, the circulation must be carried on in future by an extensive anastomosis. If this doctrine advanced by Dr Davis be true, a varicose enlargement and an organic derangement must inevitably result. But this statement does not appear to accord with the general facts related on the subject.

the present manuscript
tells of a similar disease
in future. From the various
sources, which he has stated
as a fact, he shows the
evidence, that of an
injury has been once
thoroughly affected by the
disease. The conclusion must
be carried on in future
by an extensive examination.
The disease advanced by
him be then a common
injury and an exposure
to injury must inevitably
result. But this statement
is not sufficient to agree
with the general facts as
to the subject.

For numerous cases are recorded, where the patient recovered the perfect use of the limb, free from any permanent disease or varicose state of the blood vessels. Dr Davis indeed himself acknowledges that these appearances have not invariably presented themselves.

I have thus enumerated the four leading theories of this disease, all of them derived from some of the known and obvious phenomena of this disease. All are more or less objectionable and as yet sub judice and must await farther dissections to reveal the true pathology. After

The numerous cases are recorded
in the present register. The
first case of the kind, from
any permanent disease
in the state of the lungs
is recorded. Dr. Ross notes
that the appearance
of the lungs and especially
the bronchi is remarkable.
The case is accompanied by
the following description of the
lungs, all of them being
in the state of the lungs
and the appearance of
the disease. All are more or
less thickened and some
are more and more
thickened. The
lungs are more
thickened.

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all that has been said and
written on this obscure subject,
we are not entitled to believe
in the existence of an inflam-
-mation of the serous capillaries
as the first step in the for-
-mation of the disease, and
that in consequence of it
there ensues an effusion of
lymph or serum or both into
the cellular tissue.

With these few preliminary
remarks I shall proceed to
treat of the disease as it
generally occurs.

Phlegmasia Dolens is a disease
of rare occurrence. For out of
1897 women delivered at the
Westminster general dispen-

all that has been said and
written on this obscure subject
and the most entitled to believe
in the existence of an epidemic
infection of the lower respiratory
in the first step in the pro-
duction of the disease, and
that in consequence of it
there occurs an epidemic of
typhoid or sepsis in both ends
the infection takes
with this few preliminary
remarks I shall proceed to
treat of the disease as it
generally occurs.
Cholera is a disease
of rare occurrence. The last of
1877 was the latest at the
last minute of the epidemic

satory, five only were attacked with it; and of 8000 delivered at the Manchester lying-in hospital not more than four were seized with it.

Dr Thomas observes that during a practice of 45 years only three cases have fallen under his care. In this country Dr Hosack has seen about ten cases and Dr Chapman mentions, in one of his notes on Burns Midwifery, that two cases only had occurred in his practice.

It has been asserted by several eminent writers, that this disease belongs exclusively to the puerperal state and has generally

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been included by writers on
Midwifery among the diseases
incident to lying-in women.
That it generally occurs in
women cannot be denied, but
that it has happened to males
is incontestably proved by Ferriar
and Thomas in England and Francis
and Hosack in America.

Concerning the causes of this
disease writers differ as much
as they do about its pathology.
Mr White who published the
first regular treatise on the
disease, attributed it to the
rupture of a lymphatic, by
the pressure of the child's head
through the pelvis. While Mr
Troye who succeeded him con-

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siders an obstruction of the
lymphatics to be its cause.
Dr Denman again believes the
disease to arise from the ab-
sorption of the vitiated discharges
of the uterus. On the other hand
Dr Davis refers it to the pressure
of the veins of the pelvis
during the latter months of
pregnancy. But this complaint
follows easy as well as difficult
labours. It has been even known
to take place many days
after the lochial discharge
had totally ceased and it
very rarely appears after
diseases of the Uterus. Moreover
this disease is not confined to
females, as in the cases recorded

...an extension of the
...to be the same.
...again between the
...from the at-
...of the ... things
...to the ... hand
...to the purpose
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...the ... of
...But this ...
...as well as ...
...It has been ...
...to take place many days
...the ... change
...and ...
...after
...of the ...
...is not ...
...as the case ...

by Ferriar, Thomas, Hull and others, it is shewn to occasionally appear in males. Laying aside then all these hypotheses, let us endeavour to come at the true cause of this disease.

Considering it a highly inflammatory disease and generally arising in an irritable constitution, we believe that like the phlegmasia generally, its principal causes are cold, stimulating food or drinks and other means of excitement.

Phlegmasia Dolens in puerperal cases, comes on generally about the twelfth or fourteenth day after delivery. It is frequently preceded by pain in the region of the uterus

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... of ...

and rigors followed by fever. Soon after, the patient perceives a pain in some part of the thigh or leg with some degree of soreness and frequently an inability to move the limb. If the limb be examined now, it will be found a little fuller and hotter than natural, and tender to the touch. About 24 hours or a little later, this pain often becomes very severe and even excruciating. Very soon it is followed by a swelling of the limb, attended with an abatement of the pain. The swelling commences generally where the pain was first felt and gradually extends over the whole limb, and to the labium

prudenti of the affected side.

The limb is then tense, of a glossy or shining pale white colour equal and of double its natural size. It is very hot and the whole surface of the limb insufferably tender to the slightest touch or pressure. The patient is totally unable to move the limb; and every attempt excites a sensation of anguish.

The whole system now becomes affected, there is fever and heat over the whole body, the pulse is very frequent, small and sharp, the tongue white and moist or clammy, the countenance pale and dejected, thirst considerable, no appetite; the patient is costive

and the feces of a clay colour.
The urine is small in quantity
and of a muddy appearance, and
the lochial discharge offensive to
the smell. The patient is restless
and sleeps but little at night.
The period at which the swelling
reaches its height is various,
but it is often completed in
24 hours, though sometimes a
little longer.

After a few days, generally from
eight to ten, the febrile symptoms
diminish and the pain, swell-
ing, heat, tension and tenderness
abates; but it sometimes happens
that they are more protracted,
particularly the swelling, which
rarely goes off for a length of time.

and the form of a clay column.
The mine is small in quantity
and of a muddy appearance, and
the richest discharge of ore is
the small. The furnace is built
and deep but little at night.
The furnace at which the smelting
occurs is built in a narrow,
but it is often completed in
a hour, though sometimes a
little longer.
After a few days, generally from
eight to ten, the furnace is
diminished and the form is
long, flat, narrow and low
and, but it sometimes happens
that they are more finished.
particular by the smelting, which
lasts for a week of time.

When the symptoms abate the patient is left debilitated and the limb stiff, heavy, benumbed weak and of difficult movement. One or both legs may be affected or they may be affected successively. When the latter is the case the disease attacks one leg and remains for a certain length of time. The symptoms then abate and the other limb is suddenly and unexpectedly seized and goes through a similar course.

Diagnosis, When Phlegmasia Dolens occurs after labour there is not much difficulty in distinguishing the disease. The time at which it generally appears, the acute pain and suddenness of its

the explanation of the
present a little different and the
last little change, however,
and of different moment.
In a little time may be up
to us they may be affected
in some way. When the latter is
the case the disease attacks one
of our members for a certain
length of time. In explanation the
disease the other part is
usually and manifestly
and you through a certain course.
In some cases, when the disease is
more after a time than a
more difficultly in distinguishing
the disease. The time at which
it generally appears, the mode
and the character of the

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attack exhibit its character.
The characteristic marks of this
disease are the following, a
firm glossy, warm, tense, elastic,
painful, sudden swelling of a
pale white colour.

Mr White considers the swelling
of the labium pudendi as an
invariable symptom of the disease;
and asserts that when one limb
only is affected the intumescence
is confined so exactly to the
labium pudendi of that side,
that if a line were drawn
from the navel to the anus, it
would be found never to go beyond
that line. But this is denied by
Dr Hull, who says that this
particular symptom is not

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always to be found. For some cases had fallen under his care in which it did not exist.

He therefore concludes that the swelling of the labrum praeputii is to be considered rather as marking the extent, than serving to characterize the complaint.

The swelling does not perceptibly lessen by a horizontal position nor does it pit on pressure as in anasarca, but it is equable hard and firm. X

Prognosis, Though this disease often creates great alarm in the patient and her friends, and always occasions much pain and suffering, yet on the whole it may be said, that it is not dangerous.

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When judiciously treated it rarely
terminates fatally, though often
slow in its progress and tedious
in its cure; and the limb
remains enlarged sometimes for
weeks, months, years and even
for life. This disease also occa-
sionally terminates by suppuration
and mortification. In one
case which occurred to Dr Mann
of Boston it ended in sphacelus
caused by an incision made in
the limb supposing it to be
edema of the lower extremity.
As this ~~disease~~ disease is rarely a
fatal disease, but few dis-
sections have been made an-
terior to those of Dr Davis and
those were all conducted and

unsatisfactory. In those made by Dr Davis, the large veins were found thickened, blocked up, lessened in diameter and even obliterated.

Treatment, In this we should pay some regard to the stage of the disease. There are two distinct stages.

In the first or inflammatory stage, those means should be employed, which are calculated to meet both the general and local symptoms. Among the first are venesection, saline purges and such medicines as determine to the skin, as small doses of Antimony or Specacuanha or the Acetate of Ammonia.

unmistakable. In the middle of
the stream, the large main river
found the same, the left of the
main river, and a river
of the same.

Intermittent. In the one stream
flow runs up to the edge
of the stream. There are two
first stage.

In the first a sufficient
stage, there means should be
imposed, which are calculated
to meet both the present and
the future. During the first
an investigation, to be prepared
to be made as to the
the stream, as well as of the
the stream, as well as of the
the stream, as well as of the

We meet the local symptoms by topical depletion with leeches applied to the groin and other parts of the limb affected, followed by blisters.

In one of the best regulated lying-in hospitals, in London, it is recommended, to apply flannel well soaked in hot vinegar, to the groin and limb; and it is asserted, that this together with keeping the bowels open, has alone effected a cure. Its beneficial effects Dr James has also experienced in his practice. Dr John Clarke, recommends laying the whole limb in a soft poultice made of dried bran, hot olive oil and soap

The most the best specimens
of perfect digestion with little
applied to the grain and other
parts of the fruit affected, for
found by others.
In one of the best specimens
found in the hospital, ^{1/2} of London,
it is accompanied by a small amount
of well sorted and not very pure, the
the grain and fruit, and it is
suggested, that the together with
keeping the bones open, has
a more effect in cure. The bone
specimen affects Dr. James's bone
specimens in the same way.
Dr. John's bone, in the same way,
keeping the whole kind in a
soft position, made of which
then, but also oil and soap.

lees well mixed together. He says that it is very beneficial by keeping up a gentle perspiration, and forms a soft pillow for the leg to rest on.

In the second stage of the disease, when the febrile and inflammatory symptoms have subsided, Dr Hosack recommends small doses of Calomel and Squills, which he says has often proved of advantage. Mr Burns says that a liberal use of solution of Sulpertartrate of Potash is serviceable at this time, and has often removed the swelling. We should at the same time endeavour to remove the swelling and restore tone to the part, by stimulating liniments,

the well known opinion. The
say that it is very dangerous
in keeping up a gentle pressure
on, and from a soft pillow
for the top to rest on.
The second stage of the disease
when the patient is in a
deep sleep, and the
the third stage is
of delirium and
the fourth stage is
the fifth stage is
the sixth stage is
the seventh stage is
the eighth stage is
the ninth stage is
the tenth stage is
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the ninety-ninth stage is
the hundredth stage is

such as the Volatile or Cam-
phorated liniment, or the Cam-
phorated oil or spirits; followed
by frictions with the hand or
flesh brush and the use of the
flannel roller. If the swelling
should be lingering and much
chronic weakness remain, blis-
ters should here also be applied,
followed by cold bathing or
a warm sea bath or one of
salt and water.

In the first stage the diet
should ~~should~~ be strictly an-
tiphlogistic.

In the second if there is
debility, the moderate use
of wine, a nourishing ^{diet}, and
exercise in the open air,

such as the tablet in Rome
fractured limestone, or the same
fractured oil or spirit, followed
by fracture with the same or
fresh break and the use of the
hammer and chisel. If the something
should be hanging and would
change membership again, this
the should be also applied
followed by cold setting or
a narrow one half or one of
salt and water.
In the first stage the dist.
should should be strictly in
lightening.
In the second of these is
distillate, the substance are
of mine, a measuring, and
return in the spirit and

if practicable should be allowed
and will be found of the
greatest advantage.

